



## Individual healthcare plan

Name of school/setting

**West Leigh Infants / Backwell Juniors**

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

### Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

### Clinic/Hospital Contact

Name

Phone no.

### G.P.

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

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Daily care requirements

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Specific support for the pupil's educational, social and emotional needs

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Arrangements for school visits/trips etc

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Other information

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Describe what constitutes an emergency, and the action to take if this occurs

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Who is responsible in an emergency (*state if different for off-site activities*)

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Plan developed with

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Staff training needed/undertaken – who, what, when

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Parent/Carer Name:

Signature:

Form copied to

Class Teacher <input type="checkbox"/> Office File <input type="checkbox"/> Parent/Carer <input type="checkbox"/>
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